



25 High Street
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PROPERTY OWNER'S REQUEST FOR A TIME EXTENSION TO CORRECT HQS INSPECTION DEFICIENCIES

Please completed and submit this form within 20 calendar days from the date the inspection was completed. Note: Initial inspections are not eligible for a time extension.

Participant Name: _____

Property: _____, _____
(Property Address) (City)

The following deficiencies were noted during an HQS inspection of the above property on

(Date of Inspection)

1. _____
2. _____
3. _____
4. _____
5. _____

I am requesting that corrections be deferred for the following reason:

Non Weather-Related Extension:

I have attached a written explanation along with all third-party documents that support this request. If approved, this extension will automatically expire 60 days after the date the deficiency was originally noted. I agree to correct any deferred deficiencies and have the property ready for re- inspection by this expiration date.

Weather Related Extension:

Note: This type of extension request will only be accepted November 1st through May 31st.

I understand this type of extension will only be granted for inspections that are conducted between November 1st and May 31st. I understand that if approved, the extension will expire on May 31st. I agree to correct any deferred deficiencies and have the property ready for re-inspection any time after May 31st as determined by CHA. If the unit does not pass, the HAP will be abated effective June 1st.

In addition, I understand the following:

- If approved, this extension is applicable only to:
 - Deficiencies where I provided third-party produced documents to support my claim that circumstances beyond my control prevent proper or complete corrective action, or
 - Exterior deficiencies where weather conditions prevent proper corrective action (i.e. paint, masonry)
- All other deficiencies must pass re-inspection within the time allowed for correction (24 hours or 30 days depending on the deficiency) for this property to remain eligible for the Housing Choice Voucher Program.
- Failure to meet the obligations agreed upon will result in abatement of my HAP.

Owner Name	Signature	Date
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Address	City	State	ZIP Code
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Telephone	Fax	E-mail
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Caribou Housing Authority Office Use Only:

Approved. Expiration Date: _____

Denied. Reason: _____

Initial of Staff Member: _____ Date: _____